Rap 8/16/18

| | | | G 16 FOR OFFICE USE ONLY: | | |
|---|--|--|--|--|--|
| LAST NAME FIRST NAME MIDDLE NAME : | | PALM BE | PALM BEACH COUNTY, FL | | |
| MAILING ADDRESS : | | | | | |
| - | 259847 | | | | |
| William Bathurst Historic Preservation Board - 1172 Canoe Pt | COUNTY: | Chta 2/2 | ent from the | | |
| Delray Beach FL 33444 | a a gran moga ne | Name award Section Com- | | | |
| NAME OF OFFICE OR POSITION | HELD OR SOUGHT: | lΩ | | | |
| | the lines on this form. Attach additional sheets, | f necessary. | | | |
| CHECK ONLY IF _ CANDIDA | TE OR NEW EMPLOYEE OR AP | POINTEE | | | |
| **** BC | TH PARTS OF THIS SECTIO | N MUST BE COMP | LETED **** | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YEAR OR ON A FISCAL YEAR. | YOUR FINANCIAL INTERESTS FOR THE PLEASE STATE BELOW WHETHER THI | PRECEDING TAX YEAR, W | HETHER BASED ON A CALENDAR | | |
| EITHER (must check one): DECEMBER 3 | 1, 2017 <u>OR</u> D SPECIFY | TAX YEAR IF OTHER THAN T | HE CALENDAR YEAR: | | |
| EDBRIDGEA PIT | GESTAGES SHOUGHTS L'AMO | | man 📝 | | |
| MANNER OF CALCULATING FILERS HAVE THE OPTION OF | USING REPORTING THRESHOLDS THA OMPARATIVE THRESHOLDS, WHICH AR | TARE ABSOLUTE DOLLAR | VALUES, WHICH REQUIRES FEWER RCENTAGE VALUES (see instruction | | |
| for further details). CHECK THE | ONE YOU ARE USING (must check one | e): | | | |
| - ACMBARATIVE | | | | | |
| □ COMPARATIV | E (PERCENTAGE) THRESHOLDS | DR 🗆 DOLLAR | VALUE THRESHOLDS | | |
| PART A PRIMARY SOURCES | OF INCOME [Major sources of income to the | | | | |
| PART A PRIMARY SOURCES | | reporting person - See instruction | | | |
| PART A PRIMARY SOURCES ((If you have nothing to the source of INCOME) | OF INCOME [Major sources of income to the o report, write "none" or "n/a") SOURCE ADDRE | reporting person - See instruction | ons) DESCRIPTION OF THE SOURCE'S | | |
| PART A PRIMARY SOURCES ((If you have nothing to the source of income) | OF INCOME [Major sources of income to the o report, write "none" or "n/a") SOURCE ADDRE | reporting person - See instruction | ons) DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
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| PART A PRIMARY SOURCES ((If you have nothing to the source of INCOME) | SOURCE SOURCE OF INCOME (Major sources of income to the or report, write "none" or "n/a") SOURCE ADDRESS AGOND INCOME. | reporting person - See instruction | ons) DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| PART A PRIMARY SOURCES (If you have nothing to NAME OF SOURCE OF INCOME Maior customers, clie | SOURCE (Major sources of income to the oreport, write "none" or "n/a") SOURCE (ADDRESS) AGRAPY ILL US HAR | reporting person - See instructions EE'S ESS A STA 2005 A STA 2005 | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY REAL ESTAL BOOK | | |
| PART A PRIMARY SOURCES (If you have nothing to NAME OF SOURCE OF INCOME NOT INCOME NOT INCOME INCOME INCOME INCOME INCOME IN INCOME I | SOURCES OF INCOME (Major sources of income to the oreport, write "none" or "n/a") SOURCES OF INCOME Ints, and other sources of income to businesse to report, write "none" or "n/a") NAME OF MAJOR SOURCES | reporting person - See instruction EE'S ESS 23-48 s owned by the reporting person ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY REAL ESTATE BOOK 1 - See instructions] PRINCIPAL BUSINESS | | |
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| PART A PRIMARY SOURCES (If you have nothing to NAME OF SOURCE OF INCOME NOT INCOME NOT INCOME INCOME INCOME INCOME INCOME IN INCOME I | SOURCES OF INCOME (Major sources of income to the oreport, write "none" or "n/a") SOURCES OF INCOME Ints, and other sources of income to businesse to report, write "none" or "n/a") NAME OF MAJOR SOURCES | reporting person - See instruction EE'S ESS 23-48 s owned by the reporting person ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY REAL ESTATE BOOK 1 - See instructions] PRINCIPAL BUSINESS | | |
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| PART A PRIMARY SOURCES (If you have nothing to NAME OF SOURCE OF INCOME PART B SECONDARY SOURCE (Major customers, clied) (If you have nothing NAME OF BUSINESS ENTITY) PART C REAL PROPERTY (La (If you have nothing to the second se | SOURCES OF INCOME (Major sources of income to the oreport, write "none" or "n/a") SOURCES OF INCOME Ints, and other sources of income to businesse to report, write "none" or "n/a") NAME OF MAJOR SOURCES | reporting person - See instructions EE'S ESS ADDRESS OF SOURCE See instructions | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY REAL ESTATE BOOK 1 - See instructions] PRINCIPAL BUSINESS | | |

20 400

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a") | | | | | |
|---|---|--|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| SAVINGS Northy Tiest | Prosupal CASING | | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instructions] | | | | | |
| (If you have nothing to report, write "none" o | or "n/a") | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| PNC BRAK/CAT | PNC BANK 2730 1. bury AJE. P. Hs. PA 152 | | | | |
| SK ham Hame | 8742 board Bloc So. to 300 Highlands Rarch | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 | | | | | |
| NAME OF BUSINESS ENTITY | Bothwat Gasop NV | | | | |
| ADDRESS OF BUSINESS ENTITY | 75 St 419 ASE | | | | |
| PRINCIPAL BUSINESS ACTIVITY | Man Estrate | | | | |
| POSITION HELD WITH ENTITY | Baoks / Passant | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | Sole our | | | | |
| NATURE OF MY OWNERSHIP INTEREST | Sole our | | | | |
| PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. | | | | | |
| IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | |
| SIGNATURE OF FILER Signature: Date Signed: \$2.13 | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: Date Signed: | | | | |
| FILING INSTRUCTIONS: | | | | | |

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state:fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

FORM 1 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : MAILING ADDRESS: 268981 Shirley Ervin Johnson City Commission District 4 455 NE 5th Ave Suite D189 Delray Beach FL 33483 , if necessary. CHECK ONLY IF CANDIDATE ■ NEW EMPLOYEE OR APPOINTEE OR **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2017** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: <u>OR</u> MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 880 Carillon Ruky, St. Kefersburg, LL ssociate 33716 PART B --SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS NAME OF **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for when (If you have nothing to report, write "none" or "n/a") and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out

begin on page 3.

| PART D — iNTANGIBLE PERSONAL PROPERTY [Stocks, bond: (If you have nothing to report, write "none" or "n/a" | s, certificates of deposit, etc See instructions] | | | |
|--|--|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | |
| Money Market Cre | Credit Union - IBM | | | |
| IRA Trust in Funds mutual Va | Cash & Cash Alternatives, Investments, American 1005 General Cohen & Steers, Wells Faran, FAT Cresca | | | |
| | Franklin, Hart-ford, Emerald Banking, Santinel, Voya Inc | | | |
| (If you have nothing to report, write "none" or "n/a" | ") | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| | NW 17th Ave; Delray Beach, FL 33445 | | | |
| Div Employees lederal Creat 10001 | VW 11- Ave Serray teach, 12 30115 | | | |
| | | | | |
| PART F INTERESTS IN SPECIFIED BUSINESSES [Ownershin (If you have nothing to report, write "none" or "n/a") | p or positions in certain types of businesses - See instructions] | | | |
| (ii you have nothing to report, write none or ma) | BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 | | | |
| NAME OF BUSINESS ENTITY | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | |
| POSITION HELD WITH ENTITY | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | |
| PART G — TRAINING | | | | |
| For elected municipal officers required to complete annual ethics | | | | |
| ☐ I CERTIFY THAT THAVE | COMPLETED THE REQUIRED TRAINING. | | | |
| IF ANY OF PARTS A THROUGH G ARE CONTI | NUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | |
| SIGNATURE OF FILER: | CPA or ATTORNEY SIGNATURE ONLY | | | |
| | If a certified public accountant licensed under Chapter 473, or attorney | | | |
| Signature: | in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: | | | |
| 00.0 () (| I,, prepared the Cl | | | |
| Shirley C. Johnson | Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the | | | |
| disclosure herein is true and correct. | | | | |
| Date Signed: | CPA/Attorney Signature: | | | |
| Aune 12,2018 | | | | |
| Date Signed: | | | | |
| FILING INSTRUCTIONS: | | | | |

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

| | | | | | RUD 6/14/18 |
|--|---|---|--|--|--|
| FORM 1 | | STATE | MENT OF | | 2017 |
| Please print or type your name, mailin address, agency name, and position b | | FINANCIAI | LINTERESTS | S | FOR OFFICE USE ONLY: |
| LAST NAME FIRST NAME N | AIDDLE N | IAME : | | | |
| MAILING ADDRESS : | | | | | F & PERV |
| Shelly E PetroliaDelray Beach Commission | or | 247445 | | | SGR OF ELE |
| 2002 NW 4th Ave | ei | | | | |
| Delray Beach FL 33444 | | | | | 28 2 |
| CHECK ONLY IF CANDIDA | ATE OF | R NEW EMPLOYEE O | necessary. | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YEAR OR ON A FISCAL YEAR. EITHER (must check one): DECEMBER 3 MANNER OF CALCULATING FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO for further details). CHECK THE | YOUR FI PLEASI 1, 2017 REPOR USING FOMPARA ONE YO E (PERO | INANCIAL INTERESTS FOR E STATE BELOW WHETHER OR SPECTABLE INTERESTS: REPORTING THRESHOLDS TIVE THRESHOLDS, WHICH OU ARE USING (must check CENTAGE) THRESHOLDS | THIS STATEMENT IS FOR SIFY TAX YEAR IF OTHER TH. THAT ARE ABSOLUTE DOLL H ARE USUALLY BASED ON Cone): OR DOLL | R, WHET THE PRE AN THE C LAR VALU I PERCEI | HER BASED ON A CALENDAR CEDING TAX YEAR ENDING |
| PART A PRIMARY SOURCES C (If you have nothing to | | | the reporting person - See inst | ructions] | |
| NAME OF SOURCE OF INCOME | | | DURCE'S DDRESS | | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY |
| Remax Services | | 5820 N. Fed Hy. | Boca Rahn, Fi 33187 | Re | al Estate Sales |
| City of Delmy Boh | | 100 NW 1st Ave | , Delray Beh, 33441 | 1 | City Commissioner |
| / | | | | | J |
| | | | | | |
| PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to | ts, and ot | her sources of income to busine | esses owned by the reporting per | rson - See | instructions] |
| NAME OF BUSINESS ENTITY | | ME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| None | | | | | 3.7.3.3.3.3 |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

2002 NW 4 Ave, Delmy Boh, Fe 33444 8940 NW 2nd Ame, PH 23, Boca Katm, 33487 FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

| PART D — INTANGIBLE PERSONAL PROPERTY [Store | cks bonds certificates | of deposit, etc See in | structions] | | |
|---|---|---|---|--|--|
| (If you have nothing to report, write "none | e" or "n/a") | | | | |
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| Shicks/SEP/AA | | Merrill Lync | 2h | | |
| Pre-paid College flows | State of | - Honda Br | ch e-paid College Funds | | |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none Honda Financial NAME OF CREDITOR | i] e" or "n/a") P.O. BOX 7829 | Philadelphia ADDRE | es, PA 19101 SS OF CREDITOR ans, SD 57117 | | |
| City Mortgage | P.O. Box 627 | 9 Slow F | ans, SD 57117 | | |
| SmTwst | P. o Box 791 | 244, Baltin | noe MD 2/279 | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 | | | | | |
| NAME OF BUSINESS ENTITY | Done | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | |
| POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | |
| ATTACK TO SERVE TRANSPORT AND A SERVER S | 2000年100日 - 1000年100日 - 1000日 - | 表示的 (1) 10 mm (| | | |
| PART G — TRAINING For elected municipal officers required to complete an I CERTIFY THAT I | | | 12, F.S. QUIRED TRAINING. | | |
| IF ANY OF PARTS A THROUGH G ARE | CONTINUED ON | A SEPARATE SH | EET, PLEASE CHECK HERE 🔲 | | |
| SIGNATURE OF FILE | R: | Account at the second second | FORNEY SIGNATURE ONLY | | |
| Signature: Date Signed: | | If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,, prepared the CI Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. | | | |
| CPA/Attorney Signature: Date Signed: | | | | | |
| FILING INSTRUCTIONS: | | | | | |

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